

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number	
Substitute for Form PTO-875					8-2807	
APPLICATION AS FILED - PART I						
(Column 1)		(Column 2)		SMALL ENTITY		OR
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	OTHER THAN SMALL ENTITY	
BASIC FEE (37 CFR 1.16(a), (b), or (c))					RATE (\$)	FEE (\$)
SEARCH FEE (37 CFR 1.16(k), (l), or (m))						790
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))						
TOTAL CLAIMS (37 CFR 1.16(i))	11	minus 20 =				
INDEPENDENT CLAIMS (37 CFR 1.16(h))	1	minus 3 =				
APPLICATION SIZE FEE (37 CFR 1.16(s))			If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						
* If the difference in column 1 is less than zero, enter "0" in column 2.						
APPLICATION AS AMENDED - PART II						
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT*	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	OR
Total (37 CFR 1.16(i))	*	Minus **	=	X 25 =	X 50 =	OR
Independent (37 CFR 1.16(h))	*	Minus ***	=	X 100 =	X 200 =	OR
Application Size Fee (37 CFR 1.16(s))						OR
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						OR
			180		360	OR
			TOTAL		TOTAL	OR
			ADD'L FEE		ADD'L FEE	OR
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	OR
Total (37 CFR 1.16(i))	*	Minus **	=	X =	X =	OR
Independent (37 CFR 1.16(h))	*	Minus ***	=	X =	X =	OR
Application Size Fee (37 CFR 1.16(s))						OR
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						OR
			TOTAL		TOTAL	OR
			ADD'L FEE		ADD'L FEE	OR

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents; P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

10/601664

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

RCE **CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	7/5/04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	16	Minus	25
Independent	3	Minus	5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	12/21/06	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	11	Minus	25
Independent	1	Minus	5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	
X3 25=		OR	X350=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL		OR	TOTAL	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X3 25=		OR	X350=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X3 25=		OR	X350=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X3 25=		OR	X350=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE	